Case 5:07-cv-05085-RS Document 22 Filed 05/23/2008 Page 10 of 2

Coole v Balono CASE NO C-V-06-05950-18 also CV-07-05085 RS It weeds to be expressed to the count that this petitioner has obtained informations from Custops Staff that all personal belongings included with fecords of all legal filings in this Matter has been lost, or misplaced. Petitioner is now requesting a Copy of all Filings, Meedings, and Judgements toutered in this CASE, Petitioner has included documentation from superior office with They hotation. In Closing thank you for the Contir time. Sincelles

ENCLOSED IS EXHIBIT 4#

PRESENTING POOF OF 1055

Plaintiff Would also 1/KE

The Status of this

CASE # C-VO7-05085

MA Some

Category Location: Institution/Parole Region INMATE/PAROLEE APPEAL FORM CDC 602 (12/87) You may appeal any policy, action or decision which has a significant adverse affect upon you. With the exception of Serious CDC 115s, classification committee actions, and classification and staff representative decisions, you must first informally seek relief through discussion with the appropriate staff member, who will sign your form and state what action was taken. If you are not then satisfied, you may send your appeal with all the supporting documents and not more than one additional page of comments to the Appeals Coordinator within 15 days of the action taken. No reprisals will be taken for using the appeals procedure responsibly. UNIT/ROOM NUMBER A. Describe Problem: If you need more space, attach one additional sheet. B. Action Requested Date Submitted: Inmate/Parolee Signature C. INFORMAL LEVEL (Date Received: Date Returned to Inmate: Staff Signature: If you are dissatisfied, explain below, attach supporting documents (Completed CDC 115, Investigator's Report, Classification chrono, CDC 128, etc.) and submit to the Institution/Parole Region Appeals Coordinator for processing within 15 days of receipt of response.

Date Submitted: ___

CDC Appeal Number:

Note: Property/Funds appeals must be accompanied by a completed

Board of Control form BC-1E, Inmate Claim